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Access to Services and Assistive Technology in Rhode Island

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A chief goal of policymakers in health and human services is to ensure maximum functioning in the community for persons with special health needs. Such persons may encounter barriers to performing their usual activities or to gaining access to medical care. Ultimately, those barriers may lead to unmet needs in care and limited engagement in the community. Research in special needs populations often has focused on physical barriers to access.[1,2,3,4,5] However, other barriers to the performance of usual activities and receipt of medical care may exist, such as communication difficulty.

This report describes the socio-demographic characteristics, major health impairments, and communication difficulties of recipients of Meals on Wheels (MOW) services in Rhode Island. These persons were chosen for the study because they are a homebound population characterized by multiple health impairments and communications difficulties. It examines access to medical and social services and assistive technology among members of this group.

Methods. The state MOW Executive Director, in collaboration with the Disability and Health Program of the Rhode Island Department of Health, sent a letter to all MOW recipients in Rhode Island inviting their participation in the survey. Those respondents who agreed in writing to participate were interviewed in person by trained interviewers. Of the 1,098 letters sent to MOW recipients, 129 interviews were completed (11.8%) over the period from September, 1998 to September, 2000. In light of the low response rate and small sample size, results presented here should be considered a preliminary guide to evaluating the health and service needs of MOW recipients in Rhode Island.

The health status of respondents was measured in a number of ways: type and number of major impairments, needing help with activities of daily living (ADLs) or instrumental activities of daily living (IADLs), and difficulty in everyday activities. The latter includes difficulty in the following areas relevant to communication: seeing well enough to read newspapers, magazines, or numbers on a phone, to watch TV, and to recognize people/objects across the street; hearing a whisper in a quiet room, hearing a normal speaking voice in a quiet room, understanding speech over the phone, hearing the doorbell ring, and hearing the phone ring; and making their speech understood over the phone. Assistive technology was measured by having eyeglasses, contact lenses, a hearing aid, a teletypewriter (TTY) or a telecommunications device for the deaf (TDD), or other assistive aids. Frequency tables were used to describe the socio-demographic, medical, and access characteristics of the survey population.

Results. The MOW respondents are elderly (93.7% of the respondents were over age 65), most being among the 'oldest old' (76.4% of respondents were age 75 or older). The majority of respondents were white (98.4%) and female (68.5%). Most reported residing in private housing (68.9%) and living alone (73.2%).

All respondents reported at least one major health impairment, with the majority of respondents indicating more than one impairment (73.6%). The most common impairments were arthritis/rheumatism (39.5%), a walking problem (31.8%), a back, neck, bone or joint problem (25.6%), a heart problem (24.8%), a lung/breathing problem (21.7%), and diabetes (18.6%). (Figure 1)

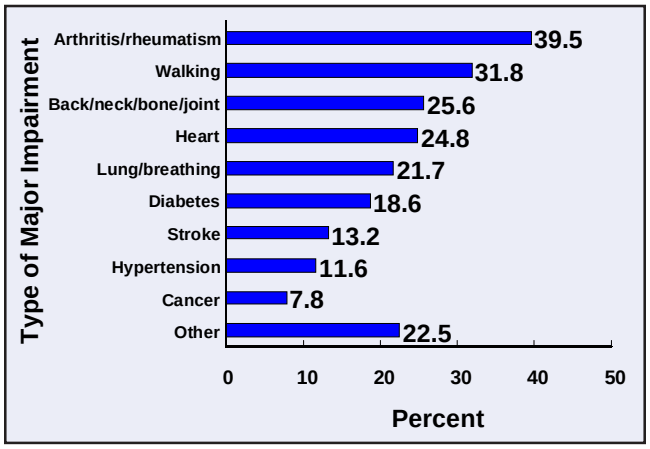

Figure 1. *Reported Prevalence of Major Impairments, by Type of Impairment, MOW Recipients, Rhode Island, 1998-2000*

These impairments often resulted in limited activity. The majority of survey respondents needed help from other persons in handling routine needs, such as light housework, 'doing necessary business,' shopping, or getting around for other purposes due to a health problem (73.6%). Many respondents also indicated needing help from other persons in handling their personal care needs, such as eating, bathing, dressing or getting around the house (42.4%).

Although the majority of respondents did not indicate a vision, hearing, or speech difficulty as a major impairment, communication difficulties were common among this population. When combining responses for both major impairments and limitations in everyday activity, 59.8% indicated a vision problem, 44.1% indicated a hearing problem, and 8.8% indicated a speech problem. 71.7% experienced at least one kind of communication difficulty. (Figure 2)

All of the MOW respondents have health insurance coverage, a usual provider, and a site for medical care. Nonetheless, access barriers to assistive technology and social services may remain. Few respondents reported having assistive technology to aid their vision, hearing, or speech other than the most common forms, such as eyeglasses or a hearing aid. While the majority of respondents reported having glasses or contact lenses (85.7%), 20.6% of the respondents used other vision aids, such as low vision aids, large print, increased lighting, or a white cane. While 44.1% of respondents had difficulty hearing in at least one everyday activity or listed hearing as a major impairment, only 19.8% had a hearing aid and 6.3% used some other form of assistive hearing devices, such

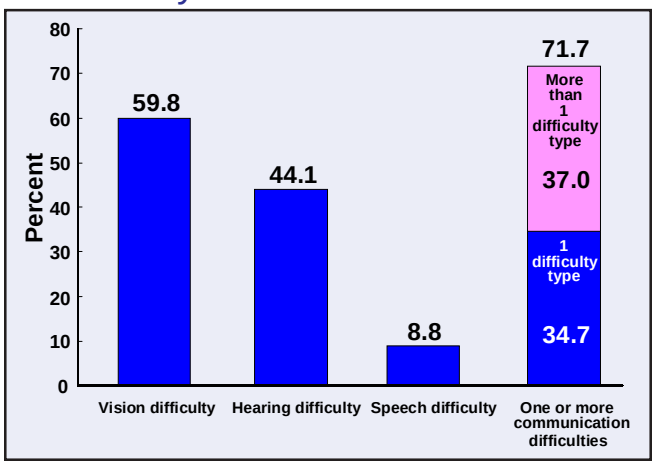

Figure 2. *Reported Prevalence of Communication Difficulties, by Type of Difficulty, MOW Recipients, Rhode Island, 1998-2000*

as a telephone amplifier. While most of those with any devices used the devices they possessed, only 13.5% of the respondents were interested in receiving adaptive equipment and instructions in its use that would assist their communication by telephone. (Figure 3)

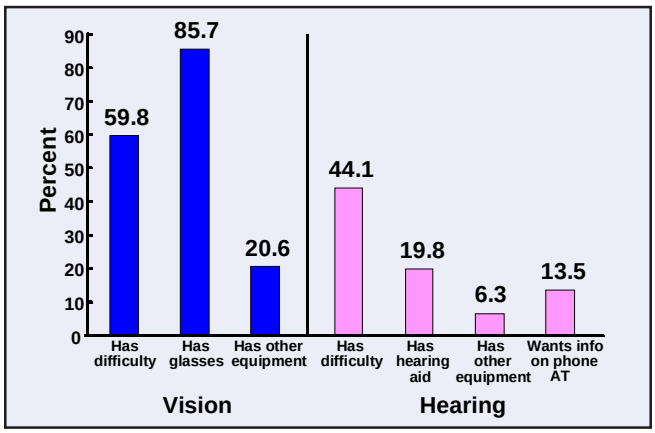

Figure 3. *Reported Use of Assistance Measures for Vision and Hearing Difficulties, MOW Recipients, Rhode Island, 1998-2000*

Discussion. The Rhode Island MOW service survey participants are characterized by multiple health impairments. Even among those who do not indicate communication impairment as a major impairment, many admit communication difficulty in daily activities. While most respondents have health care coverage and regular contact with the health care system, access to and receipt of assistive technology remain low.

While communication ability and the need for assistive devices varies in this population, respondents may be hesitant to request such assistance even when appropriate for their needs. Interviewers indicated that some respondents might have been reluctant to learn about assistive technology due to misconceptions about losing MOW or other service eligibility if they received such technology, a general discomfort with equipment perceived as complicated, or a financial inability to purchase it. Special policies and programs should be made to facilitate the distribution of assistive technology devices to persons who benefit from them. Future efforts to improve functioning of these members of the community will build on existing links between recipients and physicians, case managers, and outreach personnel to share information regarding the benefit and availability of assistive technology.

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